

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-016819

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 18 1963

Primary Registration District No. 3044 Registrar's No. 19

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY: Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ELDON		c. CITY OR TOWN: ELDON	
Length of stay in 1b: 7 yrs		Inside Limits: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 115-N-Leeds		d. STREET ADDRESS (If outside, give location): 115-N-Leeds	
3. NAME OF DECEASED (Type or print) First Middle Last: SARAH ALICE BAUGHMAN		4. DATE OF DEATH: MARCH - 26 1963	
5. SEX: Female	6. COLOR OR RACE: White	7. Married <input checked="" type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH: 30 MARCH 1866
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-Wife		10b. KIND OF BUSINESS OR INDUSTRY: At-Home	
13a. FATHER'S NAME: Louis-Stark		13b. MOTHER'S MAIDEN NAME: SARAH-JANE-Wood	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates): NO NONE		17. INFORMANT: 187 Richard-Baughman-Kansas City-Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS DUE TO (b) ADVANCED CORONARY ARTERY DISEASE DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH: 10 MIN. YEARS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): DIABETES MELLITUS		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): NONE	
20c. TIME OF INJURY: Hour a.m. p.m. NONE	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NONE		20f. CITY, TOWN, OR LOCATION: NONE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at: 7:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title): D.O. Cooper		22b. ADDRESS: Tuscumbia Mo	
22c. DATE SIGNED: 28 MAR 1963			
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 30 MARCH 63	23c. NAME OF CEMETERY OR CREMATORY: Dooley	
24. FUNERAL DIRECTOR: Keith-M-Kays		25. DATE RECD. BY LOCAL REG.: MAR 28 1963	
26. REGISTRAR'S SIGNATURE: Alveretta Waltz			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

APR 18 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address ELDON - Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.